Mental Health Evaluations (MHE)

Enabling Learning Objectives

ELO

- **Describe the two types of Mental Health Evaluation IGARs.**
- **Identify what office can work Mental Health Evaluation cases and how that office handles those cases.**

MHE Standards

- DoD Directive 6490.1
  Mental Health Evaluations of Members of the Armed Forces (1 Oct 97)

- DoD Instruction 6490.4
  Requirements for Mental Health Evaluations of Members of the Armed Forces (28 Aug 97)

- **www.dtic.mil/whs/directives**

DoD Directive 6490.1

Mental Health Evaluations

- **Updates policy and assigns responsibilities for referral, evaluation, and management, to include:**
  - **Protection of Service Member's (SM) rights**
  - **Prohibition of reprisal**
  - **Requires Commanders to be alert to potentially dangerous SMs and to take actions to reduce danger**
  - **Establishes standards for Mental Health Care Professionals (MHCP) to assess risk and prevent dangerous behavior**

DoD Directive 6490.1 Responsibilities

Mental Health Evaluations

- Assistant Secretary of Defense for Health Affairs:
  - **Implements DoD Instruction (DoDI) / oversees DoD Directive (DoDD)**
- IG, DoD:
  - **Conducts / oversees investigations**
- Secretaries of the Military Departments:
  - **Implement DoDD / DoDI and establish procedures for reporting violations to IG, DoD**

DoD Directive 6490.1 Responsibilities (cont'd)

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Mental Health Evaluations

- Service Inspector General:
  - **Report allegations of violations to IG, DoD, within 10 days of receipt**
  - **Investigate / Inquire**
  - **Provide IG, DoD:**
    - **Interim reports**
    - **ROI**
    - **Actions**

Report to DAIG Assistance Division within two working days (AR 20-1)

DoD Instruction 6490.4

Mental Health Evaluations

- Implements DoD policy**, assigns responsibility, and prescribes procedures**

- Establishes procedures
  - **Psychiatric hospitalization**
  - **Protect SMs' rights**

- Provides guidance to Mental Health Care Professionals and Commanders
  - **Sample notification memos**

MHEs Not Covered

ELO

Mental Health Evaluations

IGs can inquire into discretionary MHEs

- **Self-referrals**
- **Family Advocacy Program**
- **Drug / alcohol rehab programs**
- **Responsibility and competency inquiries (Rule 706 of the Manual for Courts-Martial)**
- **Diagnostic referral by non-mental healthcare providers**
  - **SM consents**
- **Required for service regulation without discretionary authority by the SM's Commander**

Types of MHEs

- **Non-emergency (routine)**
- **Emergency**
  - **Threatening words or actions that suggest imminent violent behavior**
  - **To delay a MHE to complete administrative requirements would further endanger SM or victims**

Authority to Perform MHE

Mental Health Evaluations

- **Psychiatrists, Clinical Psychologists, or Social Workers certified and designated on orders**

- **Commander may refer SM to physician or to senior privileged non-MD provider pending evaluation by a privileged doctoral-level Medical Health Care Professional**

Voluntary vs. Involuntary Hospitalization

- Voluntary admission:
  - **Provider determines what is clinically indicated**
  - **SM has capacity to make informed decision and voluntarily consents**
- Involuntary admission:
  - **Provider makes judgment that level of care cannot be less restrictive**

Mental Health Evaluations

Protection Against Improper Involuntary Hospitalization

- Involuntary psychiatric hospitalization continues when the provider determines:
  - **Serious mental disorder**
  - **Increased risk for imminently dangerous behavior**
  - **Condition treatable at Medical Treatment Facility**

    and
  - **SM refuses continued in-patient treatment or lacks mental capacity to make an informed decision**

Improper MHE Complaints

Mental Health Evaluations

- **Procedural errors**
  DoDD 6490.1

- **Reprisal**
  10 USC 1034 -- 120 days from complainant's awareness of the reprisal

ELO

IG Actions

- Reprisal
  - Report within two working days to DAIG-AC
  - **Same as any WB Reprisal**
  - **Prelim Inquiry**
  - **Inquiry / Investigation**
- Procedural
  - Report within two working days to DAIG-AC
  - **Local IG inquiry or investigation**

MHE General Guidelines

Mental Health Evaluations

- Commanding officer's actions
- Provision of counse
- Mental Health Care Provider actions
- Service IG

Commanding Officer Actions

Mental Health Evaluations

- **Consults with a MHCP**
- **If no MHCP provider available, Commander consults physician or senior privileged non-physician provider**
- **For non-emergency referrals, forward memo requesting MHE to Commander of Medical Treatment Facility (MTF) or clinic**
- **If the SM's commanding officer is the Commander of the MTF or clinic, send request to chairman of MH department**

Mental Health Evaluations

Commanding Officer Actions Non-Emergency MHE

- **At least two days in advance, provide a memo to SM that includes:**
  - **Description of behaviors / verbal communications**
  - **Names of MHCPs consulted**
  - **Notification of SM's statement of rights**
  - **Date, time, and place of MHE / name and rank of MHCP**
  - **Titles and phone numbers**
  - **Name and signature of Commander**

Mental Health Evaluations

Commanding Officer Actions

Non-Emergency MHE

- **Have SM sign memo, acknowledging advised of reasons and rights**
- **If SM refuses or declines, Commander states why**
- **Copy of memo to SM and MHCP**

NOTE: SM can't waive right to receive written memo and be notified of his or her rights

Service Member Rights

Mental Health Evaluations

- **Have at least two days (except in emergencies) to consult with an IG, attorney, chaplain, or other**
- **Seek second opinion (own expense)**
- **No restrictions on communication with Member of Congress, IG, or others**
- **Reasons for not complying with above rights**

Mental Healthcare Provider Actions

Mental Health Evaluations

- **Prior to non-emergency MHE, determine if referral was followed IAW DoDD and DoDI**
- **If improper, confer with command**
- **Advise SM:**
  - **Purpose, nature, and likely consequences of MHE before evaluation**
  - **MHE is not confidential**
- **After evaluation, sends a** memo to SM's Commander with results and recommendations

Mental Health Evaluations

Commanding Officer Actions for Emergency MHE

- **First priority: Protect SM and potential victims from harm**
- **Prior to referral, try to consult MHCP or other privileged HCP**
- **Safely get SM to provider**
- **As soon as practical, provide SM a memo and statement of rights**
- **If can't consult with provider before transporting SM, forward memo to provider as soon as practical**

SM Rights Involuntary Psychiatric Hospitalization

Mental Health Evaluations

- **Contact relative, friend, chaplain, attorney, and / or an IG ASAP after admission**
- **Be evaluated within 24 hours**
- **If attending psychiatrist determines that continued hospitalization is necessary, notify SM as to the reasons both orally and in writing**
- **Review of circumstances and clinical indications leading to involuntary psychiatric hospitalization and appropriateness of continued involuntary hospitalization and treatment**

Independent Review Continued Hospitalization

Mental Health Evaluations

- **Within 72 hours, privileged psychiatrist or other medical officer:**
  - **Reviews factors leading to involuntary admission**
  - **Assesses appropriateness of continued involuntary hospitalization**
  - **Reviews, documents actions taken, and examines SM**
  - **Notifies SM of right to legal representation**

Post-MHE MHCP

Mental Health Evaluations

- **Recommendations to Commander**
  - **Proposed treatments**
  - **Precautions**
  - **Fitness and suitability for continued service**
    - **Does SM meet retention standards?**
    - **Medical Evaluation Board**
    - **Administrative separations**

Mental Health Evaluations

Post-MHE Commander

- **Make written record of MHCP recommendation**
- **If MHCP recommended separation from service:**
  - **Co-signed by MHCP's Commander**
  - ***If SM's Commander declines recommendation, Commander forwards memo to his or her commander within two business days explaining the decision***

Combat Stress Referral

Mental Health Evaluations

- **Referral to a Combat Stress Team is a “screening” to see if Soldiers are staying focused on the right missions (FM 8-51, FM 22-51, FM 4-02.51, and AR 11-XX is in draft / staff workup)**

- **Soldiers may be informally referred by self or by command**
  (Only requires a note or call from the Commander)

- **Enables commanders in a combat environment the capability to identify and deal with potential problems before they occur and allows Soldiers to deal with the stress in the right manner and under appropriate medical supervision.**

Combat Stress Referral

Does it fall under provisions of DoDD 6490.1 and DoDI 6490.4 ?

- **Due to unique combat-related circumstances, initial decision is “NO”.**
- **Awaiting final guidance from OSD Health Affairs (Proponent for DoDD 6490.1 and DoDI 6490.4).**

Questions?

None? OK, let's review the ELOs

DoD Directive 6490.1 Responsibilities (cont'd)

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